TRANSMITTAL FORM  (to be used for all correspondence after initial forms)	iling) 7	s are required to respond to a c Application Number  Filing Date First Named Inventor Art Unit Examiner Name  Attorney Docket Number	Patent and Tollection of infi 10/633,333 08/01/2003 Zvi Yaniv 1762 Elena Tsoj 12179-P11	y IGUS
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)		Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocati  Change of Correspondence  Ferminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on C	Address	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Return Postcard
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		F APPLICANT, ATTO	DRNEY, C	OR AGENT 38,150

## CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Typed or printed name Toni Stanley Date 12/27/2005

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PTO/SB/17 (11-04)

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Frective of 0/01/2004. Patent fees are subject to annual revision.		Complete if Known		
The same of the sa		Application Number	10/633,335	
FEE TRAN	SMILIAL	Filing Date	08/01/2003	
For FY	2005	First Named Inventor	Zvi Yaniv	
		Examiner Name	Elena Tsoy	
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1762	
TOTAL AMOUNT OF PAYMENT	(\$) 185.00	Attorney Docket No.	12179-P116US	

METHOD OF PAYN	MENT (ch	eck all that ap	ply)	FEE CALCULAT	ION (co	ntinued)	
Check Cr	edit Card	Mo	oney Order	2. EXTRA CLAIM FEES  Fee Description  Each claim over 20  Each independent claim over	3	Fee (\$) 50 200	Small Entity Fee (\$) 25 100
Deposit Account Number	23-24	26		Multiple dependent claims For Reissues, each claim over	r 20 and	360	180
Deposit Account Name  Winstead Sechrest & Minick P.C.			more than in the original pa For Reissues, each independe more than in the original pa	nt claim	50 200	25 100	
The Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below			Total Claims Extra Claims  25 - 20 or HP = 5  HP = highest number of total claims	x	25 =	125	
Charge any ad	ditional fee	e(s) or underpay	or the filing fee yments of fee(s)	Indep. Claims	laims x	Fee (\$) <u>I</u> 10 <u>0</u>	Fee Paid (\$) =0
under 37 CFR 1.16 and 1.17 Credit any overpayments			HP = highest number of independen  Multiple Dependent Claims			er than 3 Fee Paid (\$)	
to the above–identified deposit account.			Subtotal (2) \$ 125				
Other (please identify):  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			3. OTHER FEES Fee Description 1-month extension of time	Fee (\$)	Small Entity Fee (\$) 60	Fee Paid(\$)	
FEE CA	LCULAT	ION		2-month extension of time	450	225	
1. BASIC FILING FEE		Small Entity		3-month extension of time 4-month extension of time	1,020 1,590	510 795	
Fee Description	Fee (\$)	Fee (\$)	Fee Paid(\$)	5-month extension of time	2,160	1,080	
Utility Filing Fee	790	395		Information disclosure stmt. fee 37 CFR 1.17(q) processing fee	180	180 50	
Design Filing Fee	350	175		Non-English specification	50 130	130	
Plant Filing Fee	550	275		Notice of Appeal	500	250	
Reissue Filing Fee	790	395	<del></del>	Filing a brief in support of appeal Request for oral hearing	500 1,000	250 500	
Provisional Filing Fee	160	80		Other:			
	Subto	tal (1) \$		Sut	ototal	(3) \$ <u>60</u>	

SUBMITTED BY				
Signature	1/	577	Registration No. (Attorney/Agent) 38.150	Telephone 512-370-2870
Name (Print/Type)	Ross Sp	encer Garsson		Date 12/27/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.